PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number											
Substitute for Form PTO-875									09/785,775		
APPLICATION AS FILED - PART I (Column 1) (Column 2) SMALL ENTITY									OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		RATE(\$)	FEE(\$)	1 "	RATE(\$)	FEE(\$)
BASIC FEE		N	N/A		N/A		N/A	425	1	N/A	
(37 CFR 1.16(a), (b), or (c)) SEARCH FEE		N	N/A		I/A	11	N/A	0.00	1	N/A	
(37 CFR 1.16(k), (f), or (m)) EXAMINATION FEE			N/A		N/A		N/A	0.00	┨	N/A	
(37 CFR 1.16(o), (p), or (q)) TOTAL CLAIMS			4 minus 20 =				× 26 -	0.00	OR	1071	
(37 CFR 1.16(fi) INDEPENDENT CLAIMS			minus			1	x 110 -	0.00	-		
(37 C	FR 1.16(h))		If the specification and dr		demuinas sussed 100		× 110 -	0.00	-		
APPLICATION SIZE FEE (37 CFR 1.16(s))		\$270 (\$135 50 sheets	sheets of paper, the ap		oplication size fee due is ntity) for each additional nereof. See 35 U.S.C.			0.00			
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))						11		0.00	1		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL	425	1	TOTAL	
APPLICATION AS AMENDED, DAPT II											
APPLICATION AS AMENDED - PART II											
OTHER T (Golumn 1) (Golumn 2) (Golumn 3) SMALL ENTITY OR SMALL EN											
AMENDMENT A	CLAIMS REMAINING		HIGHEST NUMBER	HIGHEST		ADDITIONAL		1		ADDITIONAL	
		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE(S)	FEE(S)		RATE(S)	FEE(\$)
	Total (37 CFR 1 16(i))		Minus		-	11	× =		OR	× =	
	Independent (37 CFR 1.16(h))		Minus	***		11	× =		OR	× =	
	Application Size Fee (37 CFR 1.16(s))					11			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1 18(ji))					11			OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
		(Column 1)		(Column 2)	(Golumn 3)		1000100				
		CLAIMS REMAINING		HIGHEST NUMBER	PRESENT	1		ADDITIONAL	1		ADDITIONAL
AMENDMENT B		AFTER AMENDMENT		PREVIOUSLY PAID FOR	EXTRA		RATE(S)	FEE(S)		RATE(S)	FEE(\$)
	Total (37 CFR 1 16(ii)		Minus		-	1	х -		OR	× -	
	Independent (37 CFR 1 16(h))		Minus	***	-	1	х -		OR	х -	
	Application Size Fee (37 CFR 1.16(s))					11			1		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(ji)					1			OR		
TOTAL ADDIL FEE OR										TOTAL ADD'L FEE	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3											
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For "IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For (Total or Independent) as the highest tourid in this appropriate box in column 1.											